

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD PLACING AGENCY ADOPTIVE HOME APPLICATION**

Name of Agency, Address: _____

Husband's Full Name: _____ Social Security # _____

Wife's Full Name, Including
Maiden Name: _____ Social Security # _____

Mailing Address: _____

Location Address: _____

Phone: (home) _____; Husband (Business) _____; Wife (Business) _____

I. Social Information

A. Identifying Information

Husband

Wife

Birthdate: _____

Birthdate: _____

Birthplace: _____
(City) (County) (State)

Birthplace: _____
(City) (County) (State)

Are you a Citizen? _____

(If naturalized, give place, date & certificate number): _____

_____ (place)
_____ (date)
_____ (certificate #)

Are you a Citizen? _____

(If naturalized, give place, date & certificate number): _____

_____ (place)
_____ (date)
_____ (certificate #)

B. Physical Description

Height _____ Weight _____

Height _____ Weight _____

Eyes _____ Hair _____

Eyes _____ Hair _____

Complexion _____

Complexion _____

C. Health

List medical problems for which you have needed treatment. List the names and addresses of attending physicians.	List medical problems for which you have needed treatment. List the names and addresses of attending physicians.

List medical problems for which you have needed treatment. List the names and addresses of attending physicians. <i>(continued)</i>	List medical problems for which you have needed treatment. List the names and addresses of attending physicians. <i>(continued)</i>
List health, hospitalization, and life insurance plans:	List health, hospitalization, and life insurance plans:
Type	Type
Amount	Amount
Company	Company
Yearly Premium	Yearly Premium
Type	Type
Amount	Amount
Company	Company
Yearly Premium	Yearly Premium

D. Education

Highest Grade Completed: _____ Highest Grade Completed: _____

Name/Location of School: _____ Name/Location of School: _____

Diploma _____ Degree _____ Date _____ Diploma _____ Degree _____ Date _____

E. Hobbies, Special Interests, Community Activities

_____	_____
_____	_____
_____	_____
_____	_____

F. Marriage

Date: _____ Place: _____
(City) (County) (State)

G. Previous Marriage (if applicable)

Name of former wife: _____ Name of former husband: _____

How terminated? _____ How terminated? _____

Date terminated: _____ Date terminated: _____

H. Family/Household

List all persons living in your home. Do not include yourselves but do include children, relatives, boarders, and employees.

<u>Name</u>	<u>Birthdate</u>	<u>Relationship</u>	<u>School Grade or Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all children who do not live in the home:

<u>Name</u>	<u>Birthdate</u>	<u>Relationship</u>	<u>School Grade or Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. Employment Information

A. Current Employment

Name & Address of Employer:	Name & Address of Employer
_____	_____
_____	_____
_____	_____
Title/Position: _____	Title/Position: _____
Date Employment Began: _____	Date Employment Began: _____
Annual Salary: _____	Annual Salary: _____
Other Benefits: _____	Other Benefits: _____

B. Previous Employment

<p>Work history last ten years. Begin with most recent previous employment.</p> <p><u>Name & Address of Employer:</u></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Work history last ten years. Begin with most recent previous employment</p> <p><u>Name & Address of Employer:</u></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Type of Work:</u></p> <p>_____</p>	<p><u>Type of Work:</u></p> <p>_____</p>
<p><u>Dates of Employment:</u></p> <p>_____</p>	<p><u>Dates of Employment:</u></p> <p>_____</p>
<p><u>Beginning/Ending Salary:</u></p> <p>_____</p>	<p><u>Beginning/Ending Salary:</u></p> <p>_____</p>
<p><u>Other Benefits:</u></p> <p>_____</p>	<p><u>Other Benefits:</u></p> <p>_____</p>
<p><u>Name & Address of Employer:</u></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Name & Address of Employer:</u></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Type of Work:</u></p> <p>_____</p>	<p><u>Type of Work:</u></p> <p>_____</p>
<p><u>Dates of Employment:</u></p> <p>_____</p>	<p><u>Dates of Employment:</u></p> <p>_____</p>
<p><u>Beginning/Ending Salary:</u></p> <p>_____</p>	<p><u>Beginning/Ending Salary:</u></p> <p>_____</p>
<p><u>Other Benefits:</u></p> <p>_____</p>	<p><u>Other Benefits:</u></p> <p>_____</p>
<p><u>Name & Address of Employer:</u></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Name & Address of Employer:</u></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Type of Work:</u></p> <p>_____</p>	<p><u>Type of Work:</u></p> <p>_____</p>
<p><u>Dates of Employment:</u></p> <p>_____</p>	<p><u>Dates of Employment:</u></p> <p>_____</p>
<p><u>Beginning/Ending Salary:</u></p> <p>_____</p>	<p><u>Beginning/Ending Salary:</u></p> <p>_____</p>
<p><u>Other Benefits:</u></p> <p>_____</p>	<p><u>Other Benefits:</u></p> <p>_____</p>

III. Real Estate – Personal Property

Do you rent () own () the home in which you live?

If you own your home, what is its present value? _____

What is the amount of your monthly house payment or rent? _____

What is the balance of your mortgage (if applicable)? _____

List vehicles or pleasure craft that you own or are buying, together with the balance due and the amount of monthly payment.

	<u>Vehicle</u>	<u>Balance Due</u>	<u>Monthly Payment</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

What is your annual insurance premium(s) on these vehicles/craft? _____

What is the amount of your checking account(s)? _____

What is the amount of your savings account(s)? _____

What stocks
do you own? _____

What is
the value? _____

What bonds
do you own? _____

What is
the value? _____

List the amount and source of any other income: _____

List any other properties or investments: _____

List your outstanding debts and payment plans: _____

IV. References

List at least three people who have known you well for several years whom we may contact for references. Please do not list (NOTE: Agency will need to specify any categories not acceptable for references.)

1. Contact Person: _____ Phone: _____

2. Contact Person: _____ Phone: _____

3. Contact Person: _____ Phone: _____

NOTE: Agency needs to include any of its own specific instructions or requirements or statement about its review of the application.

Date: _____ Signature of Husband: _____

Signature of Wife: _____
